

Great Home Giveaway Tickets Order Form

Name: _____

Address: _____

City: _____ St: __ Zip: _____

Phone:(_____) _____ -- _____

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VISA MASTERCARD DISCOVER Expiration Date: _____

Check enclosed: _____ Signed: _____

# of Tickets	Price	Total \$
	\$20	
	3 / \$50	
	7 / \$100	
	15/ \$200	
	50/ \$500	
	250/\$1,500	
	50/50/\$5.00	
Total	Purchase	\$

Mail to:
The Arc, 1222 East State St, Rockford, IL 61104
You will receive your ticket receipts by mail.